SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>.</u>1 TOTAL IND. TOTAL _1 _1 _1 _1 TOTAL DEP. TOTAL CLAIMS TOTAL 20 TOTAL 24 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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